

*(Signature)*

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	10891	10/1
O.I.P.E. CLASSIFIER		59	106
FORMALITY REVIEW	SS	JC877	10-27-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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